



**UNITED STATES PATENT AND TRADEMARK OFFICE**

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 5180

SERIAL NUMBER 09/927,914	FILING OR 371(c) DATE 08/10/2001 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 1314.2004-001
-----------------------------	--	--------------	------------------------	--------------------------------------

**APPLICANTS**

Timothy P. Tully, Cold Spring Harbor, NY;  
 Filippo Cavalieri, Forest Hills, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/224,227 08/10/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 10/01/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NY	1	93	11

**ADDRESS**

68850

**TITLE**

Augmented cognitive training

FILING FEE RECEIVED 1587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------	---	---